

# Request for Service Credit Cost Information

## Service Prior to Membership, CETA, and Fellowship Service

Service prior to membership is time spent working for a CalPERS-covered employer before becoming a CalPERS member. This may include time spent working for a federal or State employer under CETA (Comprehensive Employment and Training Act), or time rendered in the Assembly, Senate, Executive, or Judicial Administration fellowship program.

### Who's Eligible?

**If you are now an active or inactive CalPERS member, you MAY be able to purchase service time if:**

- you worked for a CalPERS-covered employer as a seasonal, temporary, part-time, or intermittent employee, but were not a CalPERS member; or
- you worked under CETA for a federal or State-sponsored program such as the Public Employee Program, Public Service Employment, Disabled Veterans' Outreach Program, Public Service Employment Program, or Cal Esteem.
- you worked under the Assembly, Senate, Executive, or Judicial Administration fellowship program.

**You CANNOT purchase CalPERS service time if:**

- the agency where the service was earned does not currently have a contract with CalPERS;
- your service is excluded by law or by the employer's contract with CalPERS;

- you worked at a school in a *certificated* position. (You may want to contact the State Teachers' Retirement System to find out if you can purchase service with that system); or
- you worked at the University of California **after** October 1, 1963. (You may want to contact the University of California Retirement Plan to find out if you can purchase service with that system.)
- you work for a contracting agency which does not provide the fellowship service credit type option.
- you are retired.

### What's Required?

You must be an active or inactive CalPERS member and be able to provide CalPERS with documentation certifying your dates of service.

### What's the Cost?

The cost is based on your pay rate and contribution rate on the date you became a member (after the service was rendered), and interest will be compounded annually to the date you make the purchase.

The cost for service credit rendered under the CETA or fellowship program is based on a pay rate which would provide the best estimate of the potential future final compensation figure usable at retirement, the amount needed to fund your future retirement benefits, and how much service you are eligible to purchase.

You can use the on-line Service Credit Cost Estimator on the CalPERS web site ([www.calpers.ca.gov](http://www.calpers.ca.gov)) to get an idea of the cost of purchasing the SPM service.

## What's Next?

Gather your employment history information for the time that you worked for a CalPERS-covered employer before becoming a CalPERS member. Then complete the request form following the steps.

# Steps for Requesting Service Credit Cost Information

## Step 1

Complete Section 1 of the request form.

If we have provided cost information to you in the past for this type of service credit purchase, check the "Yes" box and indicate the date your request was submitted. If you have submitted a retirement application, check the "Yes" box and indicate your planned retirement date.

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*Only active or inactive CalPERS members can purchase their service prior to membership, CETA or fellowship service.*

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**Section 1** Complete your current mailing information.

**Section 2** Indicate the employer when the service was earned and list all periods of employment for which you are requesting credit for service prior to membership.

**Section 3** Sign and date the request form.

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*If your service prior to membership was with the State or with a California State University, go directly to Step 3. (Exception: Go to Step 2 for service with the Senate Assembly and Joint Rules Committees as well as for service with those agricultural associations which do not use the Uniform State Payroll System.) If your service prior to membership was with the University of California (prior to October 1, 1963), a CalPERS-covered public agency, a school, or is fellowship service, go to Step 2.*

*NOTE: In some instances service with the state may still require employer certification. We will notify you if it is needed in your case.*

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## Step 2

Give the form to the employer you worked for when the service was earned to complete page 2 of the request form. When you receive it back, continue to Step 3.

## Step 3

Submit the completed request form.

- Make a copy for your records.
- Mail the original to the CalPERS address listed on the back of the form.



# Request for Service Credit Cost Information Service Prior to Membership, CETA and Fellowship Service

Telecommunications Device for the Deaf: (916) 326-3240 • (888) CalPERS (225-7377)

## Section 1

### Information About You

Have you requested this cost information before? ☐ No ☐ Yes, date requested \_\_\_\_\_

Date (mm/dd/yyyy)

Have you submitted a retirement application? ☐ No ☐ Yes, retirement date is \_\_\_\_\_

Date (mm/dd/yyyy)

Were you compensated for this employment? ☐ No ☐ Yes

\_\_\_\_\_  
Name Social Security Number

\_\_\_\_\_  
Former Name (if applicable) Current Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Daytime Phone

## Section 2

### Prior Employment Information

List the name and address of the employer when the service was earned. If this was a "certificated position," contact the State Teachers' Retirement System.

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

Was this service rendered under the Comprehensive Employment and Training Act? ☐ No ☐ Yes

Was this service rendered under a fellowship program? ☐ No ☐ Yes \_\_\_\_\_  
Name of Program

Was service rendered as a 10-month employee? ☐ No ☐ Yes

Please list dates and hours of employment for which you are requesting credit. List each position separately and indicate whether service was full-time or part-time.

\_\_\_\_\_  
Employment From (mm/dd/yyyy) To (mm/dd/yyyy) Location

\_\_\_\_\_  
Position Title Hours Worked Per Month OR Time Base Fraction of Full-Time

\_\_\_\_\_  
Employment From (mm/dd/yyyy) To (mm/dd/yyyy) Location

\_\_\_\_\_  
Position Title Hours Worked Per Month OR Time Base Fraction of Full-Time

\_\_\_\_\_  
Employment From (mm/dd/yyyy) To (mm/dd/yyyy) Location

\_\_\_\_\_  
Position Title Hours Worked Per Month OR Time Base Fraction of Full-Time

## Section 3

### Member Certification

I hereby certify that the above information is true and correct.

\_\_\_\_\_  
Signature Date (mm/dd/yyyy)

If the service was performed for the State of California or a California State University, **STOP**. Sign this form on the line above and mail it to CalPERS at the address listed on page 2 of this form.

If the service was performed for the University of California, a CalPERS-covered public agency, or a school, forward this request form to the appropriate employer for completion of Page 2 of 2 before returning to CalPERS.

Member Name

Social Security Number

#### Section 4

If the service was performed for the State of California or California State University, employer certification is not required.

### Statement and Signature of Authorized Employer Representative

Your signature certifies that the member-provided information is true, correct and provides CalPERS with all the necessary information to apply any exclusions. If no hours worked or time base is indicated, **full-time service** will be assumed. If you do not agree with this assumption or with the information listed, continue to Section 5.

Do you feel this service is not eligible for purchase? ☐ Yes ☐ No

Reason for No answer

Employer Signature

Title

Date (mm/dd/yyyy)

Printed Name

Phone

FAX

#### Section 5

To be completed by employer ONLY if additional information is necessary. Otherwise, simply certify in Section 4 above.

### Employer Certification

Position Title

Employment From (mm/dd/yyyy)

To (mm/dd/yyyy)

Position Type

☐ Seasonal

☐ Limited Term

☐ On-Call

☐ Intermittent

☐ Permanent

Time Base

☐ Full-Time

☐ Part-Time

☐ Hourly

☐ Fraction of Full-Time

Pay Period

☐ Monthly

☐ Semimonthly

☐ Biweekly

☐ Other

Average number of days or hours per month

Average percentage or fraction of time worked per month

Please complete Section 7 and return this request form to the member.

#### Section 6

Complete Section 6 ONLY if one of the following conditions occurred: the employee was full-time, worked more than 1000 hours in a fiscal year (July 1 – June 30), or did not work a consistent time base and could not be listed above.

### Member Employment History

Employment From (mm/dd/yyyy)

Employment To (mm/dd/yyyy)

Position Title

Pay Rate (Hourly/Daily/Monthly)

Time Worked (Hours per Day)

Time Worked (Earnings)

Employment From (mm/dd/yyyy)

Employment To (mm/dd/yyyy)

Position Title

Pay Rate (Hourly/Daily/Monthly)

Time Worked (Hours per Day)

Time Worked (Earnings)

Employment From (mm/dd/yyyy)

Employment To (mm/dd/yyyy)

Position Title

Pay Rate (Hourly/Daily/Monthly)

Time Worked (Hours per Day)

Time Worked (Earnings)

Employment From (mm/dd/yyyy)

Employment To (mm/dd/yyyy)

Position Title

Pay Rate (Hourly/Daily/Monthly)

Time Worked (Hours per Day)

Time Worked (Earnings)

#### Section 7

If the service was performed for the State of California or California State University, employer certification is not required.

### Statement and Signature of Authorized Employer Representative

I hereby certify that the above information is true and correct and provides CalPERS with all the necessary information to apply any exclusions.

Signature

Title

Date (mm/dd/yyyy)

Printed Name

Phone

FAX

Mail to:

CalPERS Member Services Division • P.O. Box 944000, Sacramento, California 95812-4000